

# APPLICATION FOR AMS /SGPS OUT-OF-CITY HEALTHCARE TRAVEL BURSARY

*The personal information on this form is collected under the authority of the Royal Charter of 1841, as amended. The information collected will be used by the Office of the University Registrar to process your request as identified on this form. For more information, please contact the Office of the University Registrar, Awards, Queen's University, Gordon Hall. Telephone: (613) 533- 2216.*

The Out-of-City Healthcare (OoCH) Travel Bursary, funded by the AMS and SGPS, was created for students who require financial support to attend healthcare appointments outside of the City of Kingston, generally with a Specialist. The amount granted will be variable up to \$100 per occurrence to a maximum of \$300 per academic year. Decisions on applications will generally be made within 2 days, and you will be notified by e-mail to your Queen's e-mail address. Funding from the AMS/SGPS Out-of-City Healthcare Travel Bursary will be deposited directly into a student's personal bank account through Electronic Funds Transfer (EFT). As such please be sure that your banking information on SOLUS is accurate and up-to-date. Student's accessing this bursary will be issued a T4A as per CRA requirements.

**Complete this form and return it to Queen's University, Office of the University Registrar ( Awards) Gordon Hall Room 125, 74 Union Street, Email: / Fax: (613) 533-6409**

Name		
Student Number	Telephone Number	@queensu.ca E-mail Address
Local Address		

**I confirm I am attending a healthcare appointment that is not available to me in the City of Kingston:  Yes  No**

Attach a quote of the expected travel expenses. Only standard economy transportation costs between Kingston and the location of the appointment will be considered.

**PLEASE PROVIDE PROOF OF YOUR HEALTHCARE APPOINTMENT**

Date of Appointment	Address of Appointment (City, Province)	Expected Cost of Travel	Office Use
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
<b>Total Funds Requested</b>		\$	

I certify that the information provided on this application is accurate and true. If awarded an OoCH bursary, I further certify that the funds will be used to cover the travel expenses to attend a healthcare appointment outside of the City of Kingston.

Date \_\_\_\_\_ Signature \_\_\_\_\_

<b>For Office Use Only</b> Total Funds Requested	Total Funds Approved
Notes	